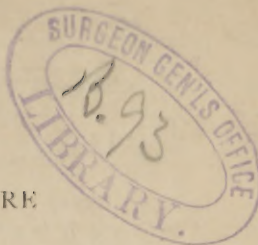


✓  
Sands H. B.



CHRONIC SPASMODIC STRICTURE  
OF THE URETHRA\*.

*To the Editor of THE HOSPITAL GAZETTE :*

DEAR SIR : While I have no intention of engaging in further controversy with Dr. Otis on the above-named subject, I desire to draw attention to three misquotations contained in an article published by him in this day's issue of your journal, leaving the reader to draw his own conclusions.

FIRST, Dr. Otis alludes to my having charged him with inaccuracy in quoting from one of my published lectures; and he then remarks:—

" Here is the sentence *verbatim et literatim*. 'Two things are evident on reading Folet's paper : first, that the writer is unduly desirous of defending a favorite theory, and secondly, that he has mistaken the natural obstacle situated in front of the triangular ligament for a muscular spasm.' "

The lecture which I published read as follows :

" Two things are evident on reading Folet's paper ; first, that the writer is unduly desirous of defending a favorite theory ; and secondly, that he has mistaken the natural obstacle I have referred to, as situated in front of the triangular ligament, for a contraction of the urethra occasioned by spasm."

SECONDLY, in quoting from my paper published in THE HOSPITAL GAZETTE of May 3d, 1879, Dr. Otis writes as follows :

" ' Finally,' says Dr. Sands, ' I have heard of other cases in which death has followed the employment of the dilating urethrotome.' "

This pretended quotation is an alteration of the following sentence, which Dr. Otis had already cited correctly on the previous page.

" Finally, I have heard of a number of cases in which death has resulted from the employment of the dilating urethrotome."

THIRDLY, Dr. Otis, in referring to the case of Frank Whitehead

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\* Reprinted from the HOSPITAL GAZETTE, July 12th, 1879.

—which was one of those I had said were so badly reported in the New York Hospital Case Book as to possess no scientific value—publishes the following account of it, premising that the case “will be quoted *verbatim et literatim*: (Case Book, vol 17, page 418.)”

Through the kindness of J. L. Vandervoort I have obtained the accompanying transcript from the hospital case book, which for convenience of comparison, I shall place side by side with the record as given by Dr. Otis.

Extract from Dr. Otis's paper published in THE HOSPITAL GAZETTE, June 28th, 1878, p. 262.

SERVICE OF DR. PETERS.

“F. Whitehead, 33, April 20, 1878. Twelve years ago had gonorrhœa, followed by stricture. Relieved by bougies. No trouble until three years ago. Then gradual decrease in size and force of stream.—spiral. Past year urinated only drop by drop. Before operation meatus admitted 18 F. to  $3\frac{1}{4}$  inches; 14 F. passed through this to  $4\frac{1}{2}$  inches. Beyond that only filiform passed, with difficulty. Internal urethrotomy by Dr. Peters, April 26th, 1878. Etherized. Meatus slit with bistoury. Urethra injected with olive oil and measured. Filiform passed into bladder, followed by Maisonneuve's director. Urethrotome (blade) with cutting capacity of 12 mm. passed, dividing only anterior stricture. As No. 25 F. would not pass the  $4\frac{1}{2}$  stricture, Maisonneuve again introduced. After which No. 25 F. passed down to 6 inches and stopped. Beyond this only No. 15 F. flexible passed.

Otis's urethrotome introduced, dilated to 40 mm., and anterior strictures divided, when No. 36 F. passed, without any difficulty into bladder, showing that obstruction at 6 inches was only spasmodic and depended on strictures of large calibre, anteriorly.

NEW YORK HOSPITAL,

June 28, 1879.

Dr. H. B. Sands:

DEAR SIR—The following is a complete copy *verbatim et literatim* of the history of Frank Whitehead, as recorded in the hospital case book, vol. 17, page 418, et seq.

JOH. L. VANDERVOORT, M.D.,  
Librarian.

“Frank Whitehead 33, England, married, Dr. Geo. A. Peters, April 20th; S. S. Kahn, H. S. Twelve years ago had stricture following gonorrhœa, which lasted one year. He was at that time relieved by the passage of bougies. On three or four occasions when circumstances required the retention of urine, spasmodic stricture has shown itself but till last three years has had no trouble. For the last two or three years has noticed a gradual diminution in size of stream when urinating, it was of spiral shape, and for the last year has only passed water drop by drop.

On admission the largest sound that the meatus would admit was 18 F., this being obstructed at  $3\frac{1}{2}$  inches from meatus, A 14 F. could be passed  $4\frac{1}{2}$  inches, but beyond that point only a filiform could be passed, into bladder.

April 26th.—Operation Patient etherized, and placed in position, meatus slit up and down with bistoury. Urethra injected with oil and after verifying above measurements

No bad symptoms followed until the fourth day, when after introduction of a sound, had severe chill and high temperature for several days. No further trouble. When discharged could himself pass 30 F. with ease.

Discharged *cured*, May 14th, 1878. This is probably one of the cases which Dr. Sands 'found in the records of April and May, 1878,' and which he says are 'so carelessly written, however, and the facts and figures are so jumbled that I defy anybody to draw from them any definite conclusion.'"

Maisonneuve's director attached to grooved director attached to filiform and following it was introduced into bladder.

Maisonneuve's urethrotome, with a cutting capacity of 12 millimetres, was now pushed along the groove of the director, cutting only the anterior stricture as when it was removed No. 25 F. would not pass the stricture noted at  $4\frac{1}{2}$  inches. This was again introduced (Maisonneuve's) and stricture cut, when a No. 25 F. could with facility be passed six inches. Beyond this a flexible bougie No. 15 F., could be passed into the bladder, though a steel sound No. 12 F. was resisted at six inches.

Otis' urethrotome now introduced, dilated to 40 millimetres and the stricture at  $4\frac{1}{2}$  inches, and  $3\frac{3}{4}$  inches divided. No. 34 F. bougie à boule was resisted throughout the anterior 3 inches but passed freely back to six inches.

As the resistance at that point was evidently due to *spasm*, consequent upon the large stricture in the anterior 3 inches, which, it will be noted had till now been left untouched. Otis' instrument was again introduced,  $3\frac{3}{4}$  inches, dilated to 40 m. and withdrawn. And now No. 36 F. steel sound passed into the bladder. Two hours before operation patient was given Quin. Sulph., 15 gr. Pulv. Opii., 1 gr.

April 28th.—No. 35 F. passed.

April 30th.— " 33 F. passed.

May 14th.— " 33 F. passed daily. Discharged cured."

Confessing my inability to discover what meaning Dr. Otis ascribes to the words "*verbatim et literatim*."

I remain, dear Sir,

Yours, very respectfully,

H. B. SANDS.



## SANDS vs. OTIS.

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A CORRECTION FROM DR. WEIR.*To the Editor of THE HOSPITAL GAZETTE:*

DEAR SIR :—In the last article from Dr. Otis, a case, which was at one time under my care, is cited as being “considered (by me) the subject of deep close organic stricture and treated as such.” I beg to state, as was reported by me in the discussion that took place on this case when presented to the Medical and Surgical Society, that at the only examination made by myself, a sound was arrested in a supposed false passage, and that then a filiform bougie was passed into the bladder without difficulty and without resistance. In other words—no proof of the existence of a stricture was obtained by this examination. I may add that in the discussion I stated that this case could not be used in support of the theory of a muscular spasm from irritation reflected from an anterior stricture, as another possible cause was present in the false passage.

Yours truly,

R. F. WEIR, M.D.